

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2375-63-008866

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

FILED MAR 8 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
ST. LOUIS, MO.		St LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
ST. LOUIS CITY HOSP. #1		1416 Michigan Ave	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First MARY Middle JOHNSON Last		Month 2 Day 26 Year 63	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Female	Colored		June 5, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country)	
House Work		Lake Providence, LA.	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE	
Elijah Smith		Hattie Devine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT	
No		John Dyerbert 1509-8th Ave Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		12. CITIZEN OF WHAT COUNTRY	
IMMEDIATE CAUSE (a)		U.S.A.	
Septicemia		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days.	
DUE TO (b)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
DUE TO (c)		570.5	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
570.5			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	
21. I attended the deceased from		COUNTY STATE	
2-16-63 to 2-26-63		and last saw her alive on 2-26-63	
Death occurred at		a m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE		22b. ADDRESS	
RD Kame M.D.		1515 LAFAYETTE AVE	
22c. DATE SIGNED		2-26-63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	March 2, 1963	Father Dickson	St Louis County MO
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
Jas. H. Randle et son		MAR 2 1963	
ADDRESS		26. REGISTRAR'S SIGNATURE	
3133 Bell Ave.		Road Smith M.D.	

KANE - Picked up from  
ty Shop. USE BLACK INK 3/2/63  
OR  
TYPEWRITER RIBBON

Amended - address changed with travel - other institution  
BY AFFIDAVIT OF CHANGE 4/1/63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Edward M. Randle*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address

*NOT Embalmed*  
*3133 Bell, Ave.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.